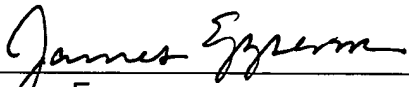


The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

Respectfully submitted,

Bristol-Myers Squibb Company
Patent Department
P.O. Box 4000
Princeton, NJ 08543-4000
203-677-6974

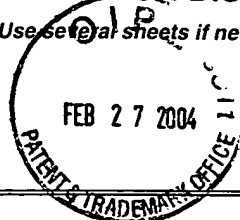


James Epperson
Agent for Applicants
Reg. No. 52,867

Date: 2/25/2004

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.
CT-2709 NP
APPLICATION NO.
10/731,854
APPLICANT
BOY ET AL.
FILING DATE
DECEMBER 9, 2003Group
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EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA	5,244,867	9/14/93	K. Ditrach, et al			
	AB	4,980,363	12/25/90	H. Shimotori, et al			
	AC	5,846,990	12/8/98	N. Murugesan, et al			
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		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	AL	WO 01/40207A1	6/7/01	PCT Patent Application			<input type="checkbox"/>	<input type="checkbox"/>
	AM	JP04128275	4/28/92	English Abstract Equivalent			<input type="checkbox"/>	<input type="checkbox"/>
	AN	JP04049290	2/18/92	English Abstract Equivalent			<input type="checkbox"/>	<input type="checkbox"/>
	AO	WO 99/66925	12/29/99	PCT Patent Application			<input type="checkbox"/>	<input type="checkbox"/>
	AP	JP57183768	11/12/82	English Abstract Equivalent			<input type="checkbox"/>	<input type="checkbox"/>
	AQ	JP02229190	9/11/90	English Abstract Equivalent			<input type="checkbox"/>	<input type="checkbox"/>
	AR	WO 98/28282	7/2/98	PCT Patent Application			<input type="checkbox"/>	<input type="checkbox"/>
	AS	WO 00/06085	2/10/00	PCT Patent Application			<input type="checkbox"/>	<input type="checkbox"/>
	AT	JP01250379	10/5/89	English Abstract Equivalent			<input type="checkbox"/>	<input type="checkbox"/>
	AU	WO 99/59570	11/25/99	PCT Patent Application			<input type="checkbox"/>	<input type="checkbox"/>
	AV	WO 01/10798	2/15/01	PCT Patent Application			<input type="checkbox"/>	<input type="checkbox"/>
	AW	WO 95/19972	7/27/95	PCT Patent Application			<input type="checkbox"/>	<input type="checkbox"/>

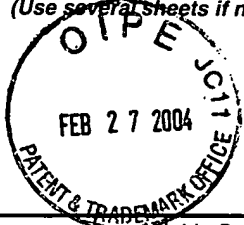
EXAMINER

DATE CONSIDERED

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

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OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

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EXAMINER

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